

# EXHIBIT 1

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WISCONSIN  
MADISON DIVISION

JOAN LOCH,  
Individually and on behalf  
of all others similarly situated

*Plaintiff,*

v.

AMERICAN FAMILY MUTUAL  
INSURANCE COMPANY, S.I.

*Defendant.*

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Civil Action No. 3:2022-cv-00213

**JURY TRIAL DEMANDED**

**COLLECTIVE ACTION  
PURSUANT TO 29 U.S.C. §216(b)**

**CLASS ACTION PURSUANT TO  
FED. R. CIV. P. 23**

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**NOTICE OF COLLECTIVE ACTION LAWSUIT**

TO: All current and former Casualty Med Pay No-Fault Claims Adjusters who worked for American Family Mutual Insurance, anywhere in the United States, at any time from \_\_\_\_\_<sup>1</sup> through the final disposition of this matter.

RE: Unpaid Back Wages and Overtime Lawsuit Against American Family Insurance

**DEADLINE TO FILE CONSENT FORM: \_\_\_\_\_, 2023.<sup>2</sup>**

<b>1. Why Are You Getting This Notice?</b>
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You received this Notice because the Court in charge of this lawsuit has ordered this Notice be sent to persons who are identified by American Family Mutual Insurance Company, S.I.'s ("American Family" or "Defendant") records as a current or former Casualty Med Pay No-Fault Claims Adjusters (together, "Plaintiffs") who worked for American Family at any time during the last three years.

The Court has allowed or "certified" a collective action lawsuit that may affect you. This notice is intended to advise you of how your rights under the Fair Labor Standards Act ("FLSA") may be affected by this lawsuit and describe how to participate in this lawsuit.

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<sup>1</sup> This date will be three (3) years before the date the Court granted Plaintiff's Motion for Conditional Certification and Notice to the Putative Class Members.

<sup>2</sup> This date will be 60 days after the Notice is mailed.

## **2. What Is This Lawsuit About?**

Joan Loch and Nancy Ochs filed this lawsuit on behalf of themselves and all other Casualty Med Pay No-Fault Claims Adjusters who worked for American Family alleging that American Family misclassified its Casualty Med Pay No-Fault Claim Adjusters (formerly known as Personal Injury Protection Adjusters, Med Pay Adjusters, and No-Fault Adjusters) as being exempt from overtime requirements in violation of federal law.

In addition to unpaid overtime, Plaintiff is seeking liquidated (double) damages equal to the unpaid overtime, as well as attorneys' fees and costs.

American Family denies Plaintiff's allegations. American Family contends that Plaintiff and its Casualty Med Pay No-Fault Claim Adjusters have been, and continue to be, properly paid under the FLSA.

The Court has not decided who is right but has authorized this notice to inform you of your right to join this lawsuit.

## **3. Are You Eligible to Join This Lawsuit?**

You are eligible to join this lawsuit if:

1. You were employed by American Family as a Casualty Med Pay No-Fault Claims Adjuster, anywhere in the United States, at any time in the past three years to the present; and,
2. You were paid a salary and no overtime.

## **4. What Are Your Options?**

If you meet the criteria for this lawsuit, you have a choice to assert your legal rights in this case if you desire to do so. However, you are not required to do so and may choose to take no action without consequence to you.

If you want to become a party to this case, you must read, sign, and return the attached Consent to Join Wage Claim form by \_\_\_\_\_, 2022.<sup>3</sup>

## **5. Effect of Joining or Not Joining the Lawsuit.**

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<sup>3</sup> This date will be 90 days after the Notice is mailed.

If you submit a Consent to Join Wage Claim form, you will be part of the case. Therefore, if the Plaintiffs who filed this case wins or settles the case, you may receive additional money from American Family.

If you submit a Consent to Join Wage Claim form and become a part of this case your claims will be bound by any decision of this Court, or the jury. You will also be giving the Plaintiffs in this case the authority to settle your claims on your behalf, and you will be bound by any Court-approved settlement agreement entered in this action.

If you decide to join the lawsuit, you may be required to answer written questions, appear for a deposition and/or testify at trial with regard to your claims against American Family.

If you do not wish to be a part of the lawsuit, you do not need to do anything. The decision to join is entirely yours.

#### **6. American Family Cannot and Will Not Fire You for Joining This Lawsuit.**

Many employees fear being terminated for making a wage claim. However, federal law prohibits American Family from firing or in any other manner discriminating against you because you join this case. This means American Family, or any other employer, is prohibited from firing you, demoting you, or cutting your pay because you participated in this case.

#### **7. Your Legal Representation If You Join.**

If you choose to join this suit you may choose to hire your own attorney, or you may agree to be represented by Plaintiff's attorneys.

Should Plaintiffs succeed at trial, American Family will be statutorily required to pay Plaintiffs attorneys' fees. Should the Parties settle this matter, Plaintiffs' attorneys' fees may be paid as a percentage of the settlement amount. However, in no event will you be required to pay any attorneys' fees unless Plaintiffs are successful.

If you complete and submit the enclosed Consent Form, you will be represented by the law firms of ANDERSON ALEXANDER, PLLC and HAWKS QUINDEL, S.C. Their contact information is listed below.

**ANDERSON ALEXANDER, PLLC**  
101 N. Shoreline Blvd., Ste. 610  
Corpus Christi, Texas 78401  
Telephone: (361) 452-1279  
Fax: (361) 452-1284  
[team@a2xlaw.com](mailto:team@a2xlaw.com)

**HAWKS QUINDEL, S.C.**  
5150 N. Port Washington Road, Ste 243  
Milwaukee, WI [need zip]  
Telephone: (414)271-8650  
Fax: (414)207-6079  
[smursgud@hq-law.com](mailto:smursgud@hq-law.com)

You should **not** contact American Family or the Court to discuss this matter.

**8. You Have Sixty (60) Days to Join this Lawsuit.**

Your determination of whether or not to take action should be made promptly. Because the law only allows a person to recover up to three (3) years of back wages from the date the Consent to Join Wage Claim form is filed, time is of the essence in submitting this form if you wish to have the opportunity to make a full recovery.

All Consent forms must be filed no later than \_\_\_\_\_, **2023**, which is sixty (60) days after this Notice was mailed to you. A Consent form is enclosed with a self-addressed stamped envelope.

**CONSENT TO JOIN WAGE CLAIM AGAINST AMERICAN FAMILY**

Name: \_\_\_\_\_

1. I consent, agree, and opt-in to the lawsuit filed against American Family Insurance Company, S.I., including any of its affiliated companies and/or any individual or entity identified as a Joint Employer (collectively, "American Family"), titled *Loch, et al. v. American Family Mutual Insurance Company, S.I.*, No. 3:2022-cv-00213 (W.D. WI) ("the Lawsuit"), to pursue my claims of unpaid back wages and overtime under the Fair Labor Standards Act ("FLSA") during the time that I was employed by American Family.
2. I understand that the Lawsuit is brought under the FLSA, and I consent to be bound by the Court's decision
3. I designate the attorneys at the law firms of ANDERSON ALEXANDER, PLLC and HAWKS QUINDEL, S.C. as my attorneys to prosecute my wage claims in the Lawsuit.
4. I consent to having the Representative Plaintiff(s) in the complaint against American Family make all decisions regarding the litigation, the method and manner of conducting this litigation, the terms of any potential settlement of this litigation, releasing of claims, entering into an agreement with Plaintiff's Counsel regarding attorneys' fees and costs, and all other matters pertaining to this lawsuit.
5. If needed, I authorize the attorneys at the law firms of ANDERSON ALEXANDER, PLLC and HAWKS QUINDEL, S.C. to use this consent to re-file my claim in a separate lawsuit or arbitration against American Family.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please print or type the following information which will be kept confidential:**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Estimated Dates of Employment

\_\_\_\_\_  
Position(s) Held with American Family

\_\_\_\_\_  
Location(s) Worked for American Family